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Workmen's Compensation
and
Occupational Disease
Insurance

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INFORMATION FOR MONTANA
EMPLOYERS AND EMPLOYEES

Protecting
Our
Greatest
Asset

The
Working
People of
Montana

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STATE OF MONTANA
DIVISION OF WORKMEN'S COMPENSATION
815 Front Street, Helena, Montana 59601

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This booklet is provided to both **employers** and **employees,** to assist them in making reports and claims for benefits under either the Workmen's Compensation or Occupational Disease Acts of Montana.

The Division of Workmen's Compensation wishes to make available all information concerning rights and obligations under the Acts and invites inquiry.

Please do not hesitate to call those department heads listed on the following page.

LAWRENCE M. ZANTO,
Administrator.

3 REPORTER PRTG. & SUPPLY CO.

DIVISION OF WORKMEN'S COMPENSATION

Lawrence M. Zanto, Administrator 449-2047
Norman Grosfield, Chief Counsel 449-2048
K. D. Bovee, Assistant Administrator 449-3182
Margaret Condon, Executive Secretary 449-2047

INSURANCE BUREAU
STATE FUND, PLAN III

A. G. Pillen, Chief 449-3432
B. H. Stevens, Supervisor,
Employer Accounts 449-3184

INSURANCE COMPLIANCE BUREAU
PLANS I & II

C. J. Woods, Chief 449-2047

SAFETY & HEALTH BUREAU

Roy Jameson, Chief 449-3792
B. J. Briggeman, Assistant Chief 449-3402

ADMINISTRATIVE BUREAU

A. J. Kiely, Chief 449-3183
Al Kirkeby, Supervisor, Accounting 449-3183
John King, Supervisor, Statistics 449-3182

A STATE FUND CLAIMS SPECIALIST will contact every seriously injured workman whose employer is enrolled under the State Fund, Plan III. He cares about you and works in your community to give you fast and personal service when you need it. This means he is on the spot to expedite medical treatment and benefit payments. He will work with the injured employee, the employer, and members of the medical profession to achieve the best possible result.

You can depend on the claims specialist to be there when you need him to secure those benefits provided by law.

OTHER STATE FUND PROFESSIONALS—

THE SAFETY REPRESENTATIVE—A competent consultant on accident prevention, who has a thorough knowledge of the causes of on-the-job accidents and how to prevent them. He is available to help develop an accident prevention program specifically tailored to an employer's particular needs.

THE PAYROLL AUDITOR—An insurance specialist who reviews the employer's payroll records to assure that paid premiums are based on the correct classifications and rates. He will assist in setting up workmen's compensation insurance records for economical and accurate maintenance.

WHAT THE EMPLOYEE SHOULD DO IN CASE OF AN INDUSTRIAL ACCIDENT

1. Report all accidental injuries to your employer or supervisor immediately. DO NOT DELAY. A seemingly unimportant accident can cause major disability.
2. Report to a doctor or aid station promptly for treatment.
3. If you lose time, file your Claim for Compensation. If you do not lose time but your injury does not heal, file your Claim anyway to protect your rights to benefits.
   Blanks for claims may be obtained at any court house or may be obtained from the Division of Workmen's Compensation or insurance carrier.
4. NOTICE — Claims should be filed within one year after the accident. The Division may, upon a reasonable showing by the claimant of lack of knowledge of disability, waive the time requirement up to an additional 24 months. All accidents must be reported within 60 days. Disability resulting from occupational disease must be reported within 30 days.
5. Address all communications to:
   Division of Workmen's Compensation
   815 Front Street
   Helena, Montana 59601

TO THE EMPLOYER

1. All accidental injuries must be reported to the Division of Wokmen's Compensation or your insurance carrier promptly on Form 37, Employer's First Report of Injury.
2. In case there is doubt that an accident has happened, explain fully, using the reverse side of the form if necessary. The filing of this report does not constitute an admission of a compensable accidental injury. It is for the use of the Division of Workmen's Compensation and insurance carrier in evaluating claims.

3. Keep notice of coverage under the Act posted conspicuously at your place of business.

4. Report all fatal injuries immediately to the Division of Workmen's Compensation and advise the Division if there are known beneficiaries.

WHAT THE ACT COVERS

1. The Workmen's Compensation Act of Montana applies to all injuries to employees, resulting from accidents arising out of and in the course of employment.

2. It does not cover injuries that occur while the employee is on his way to work, or on the way home after work, unless the employee is engaged in the performance of a duty for the employer.

3. Accidental injuries resulting in hernia, and back strain are covered.

4. The Occupational Disease Act covers all diseases arising out of or contracted from and in the course of employment, provided:

   (1) There is a direct causal connection between the conditions under which the work is performed and the occupational disease.

   (2) The disease can be seen to have followed as a natural incident of the work as a result of the exposure occasioned by the nature of the employment.

   (3) The disease can be fairly traced to the employment as a proximate cause.

   (4) The disease does not come from a hazard to which workmen would have been equally exposed outside of the employment.

   (5) The disease is incidental to the character of the business and not independent of the relation of employer and employee.

TOTAL TEMPORARY DISABILITY BENEFITS

1. Weekly compensation benefits for an injury producing total temporary disability shall be 66 2/3% of the wages received at the time of the injury. The maximum weekly compensation benefits shall not exceed $110 beginning July 1, 1973. Beginning July 1, 1974, the maxi-

mum weekly compensation benefits shall not exceed the state's average weekly wage as defined and established annually by the Division of Employment Security of the Montana Department of Labor and Industry.

2. In cases where it is determined that periodic benefits granted by the Social Security Act, are payable because of the injury, the weekly benefits payable for total temporary disability shall be reduced, but not below zero (0), by an amount equal, as nearly as practical, to one-half (½) the federal periodic benefits for such week.

3. Compensation for temporary total disability is payable during the healing period only.

TOTAL PERMANENT DISABILITY

1. Weekly compensation benefits for an injury producing total permanent disability shall be 66 2/3% of the wages received at the time of the injury. The maximum weekly compensation benefits shall not exceed the state's average weekly wage as defined and established annually by the Division of Employment Security of the Montana Department of Labor and Industry.

2. In cases where it is determined that periodic benefits granted by the Social Security Act, are payable because of the injury, the weekly benefits payable under the section shall be reduced by the entire amount of the federal periodic benefits for such week.

PARTIAL DISABILITY

1. Weekly compensation benefits for an injury producing partial disability shall be 66 2/3% of the difference between the wages received at the time of the injury and the wages that the injured employee is capable of earning thereafter, subject to a maximum compensation of $60 a week.

2. Compensation is payable for a maximum period of 500 weeks, however, compensation for partial disability resulting from the loss of or injury to any member is not payable for a greater number of weeks than is specified below for the loss of the member.

SPECIFIED INJURIES

1. Compensation at the rate provided for total temporary disability shall be paid during the healing period for loss of members of the body. In no event shall the healing period exceed 26 weeks. Compensation for loss of members of the body is payable according to the following table at the same rates applicable for partial disability:

For loss of:	No. Weeks
One arm at or near shoulder	280
One arm at the elbow	240
One arm between wrist and elbow	220
One hand	200
One thumb and the metacarpal bone thereof	75
One thumb at the proximal joint	37
One thumb at the second distal joint	25
One first finger and the metacarpal bone thereof	40
One first finger at the proximal joint	30
One first finger at the second joint	22
One first finger at the distal joint	15
One second finger and the metacarpal bone thereof	37
One second finger at the proximal joint	20
One second finger at the second joint	15
One second finger at the distal joint	8
One third finger and the metacarpal bone thereof	25
One third finger at the proximal joint	15
One third finger at the second joint	10
One third finger at the distal joint	5
One fourth finger and the metacarpal bone thereof	15
One fourth finger at the proximal joint	11
One fourth finger at the second joint	8
One fourth finger at the distal joint	6
One leg at or near the hip joint as to preclude the use of an artificial limb	300
One leg at or above the knee where stump remains sufficient to permit the use of an artificial limb	200
One leg between knee and ankle	190
One foot at the ankle	180
One great toe with the metatarsal bone thereof	37
One great toe at the proximal joint	18
One great toe at the second joint	12
One toe other than the great toe with the metatarsal bone thereof	16

One toe other than the great toe at the proximal joint	8
One toe other than the great toe at the second or distal joint	5
One eye by enucleation	165
Total blindness of one eye	140
Total loss of hearing, one ear	40
Total loss of hearing, both ears	200

2. In all cases of permanent injury to a member less than loss of the member, compensation shall be paid at the weekly rate paid for total temporary disability during the healing period. If permanent disability to a member should result from the injury, additional compensation shall be payable proportionate to loss or loss of use of the member at the weekly rate provided for partial disability. Indemnity benefits for total loss of use of a member shall be the same as for loss of the member.

3. The loss of both hands, or both arms, or both feet, or both legs, or both eyes, or any two (2) thereof, **in one accident** constitutes total disability, permanent in character. However, the percentage of permanent disability caused by any single accident shall be computed to cover the permanent disability caused by that particular injury without reference to any previous physical ailment or defect or permanent disability caused by a previous injury.

DEATH BENEFITS

1. Weekly compensation benefits for an injury causing death shall be 66 2/3% of the decedent's wages. The maximum weekly compensation benefits shall not exceed the state's average weekly wage as defined and established annually by the Division of Employment Security of the Montana Department of Labor and Industry. The minimum weekly compensation for death shall be 50% of the state's average weekly wage, but in no event shall it exceed the decedent's actual wages at the time of his death.

2. Death benefits shall be paid to a widow or widower for life or until remarriage. In the event of remarriage two (2) years' benefits shall be paid in a lump sum to the widow or widower. "Husband" or "widower" means only a husband or widower incapable of sup-

porting himself, and living with, or legally entitled to be supported by the deceased at the time of her injury.

3. Children who are unmarried are entitled to death benefits until they reach the age of 18 years or age 22 years if they are a full time student in an accredited school.

4. Invalid children over the age of 18 years are entitled to benefits if they are dependent upon the decedent for support at the time of the injury.

5. In cases where it is determined that periodic benefits granted by the Social Security Act, are payable because of the injury causing death, the weekly benefits payable shall be reduced by the full amount of the federal periodic benefits for such week.

6. Payments of compensation for death are not subject to change when the number of beneficiaries increase by birth, or decrease.

7. In all cases where death occurs as a direct result of an industrial accident the insurer will pay a maximum of $500 toward burial expenses.

OCCUPATIONAL DEAFNESS

1. Compensation benefits are provided for permanent occupational deafness. Should prolonged exposure to noise in employment result in permanent total or partial hearing loss, the Division of Workmen's Compensation or your insurance carrier should be contacted for reporting procedures.

DISFIGUREMENT

1. A sum not to exceed $2,500 may be awarded in cases where serious head, face or neck disfigurement results from an industrial injury.

MEDICAL AND HOSPITAL CARE

1. During the first 36 months after the happening of the injury, the employer or insurer shall furnish reasonable services by a physician or surgeon, reasonable hospital services and medicines when needed, and such other treatment as may be approved by the Division of Workmen's Compensation for the injuries sus-

tained. The Division, upon application of the injured workman may, for good cause, grant reasonable extensions of benefits.

2. An injured employee is entitled to ambulance transportation from the scene of the accident to the hospital and any later transfers to other hospitals.

3. An injured employee may go to a doctor of his choice for initial treatment.

4. An injured employee will normally be entitled to treatment by only one doctor at a time, but his doctor may obtain the consent of the Division or insurance carrier to refer him to a specialist.

5. The Division may approve other treatment for injuries sustained.

REHABILITATION

1. In cases involving permanent disability which prevents an injured workman from returning to his previous employment, the services of the Division of Vocational Rehabilitation may be made available to retrain the workman for a new occupation.

   The eligibility of an injured workman to receive other benefits under the Act is in no way affected by his entrance upon a course of vocational rehabilitation. He may be paid, in addition thereto, (1) his actual and necessary travel expenses, (2) his living expenses while in training, in an amount not to exceed $50 per week, and (3) his expenses for tuition, books, and necessary equipment in training.

SUBSEQUENT INJURY FUND

If an employee has a disability condition he is entitled to certification under the subsequent injury fund if his disability is a substantial obstacle to obtaining employment.

Certification will limit a potential employer's liability for compensation should the employee be re-injured while in his employ.

Application for certification should be made to the Division of Workmen's Compensation.

TRAVELING EXPENSES

1. Traveling expenses to and from doctors' offices are not furnished except in cases where

the claimant resides in an isolated area and travel expenses will create a monetary hardship.

2. In cases where the Division of Workmen's Compensation or the insurance carrier directs the injured workman to a doctor for an examination, the injured man will receive notice where to report and a check to cover mileage and subsistence.

COMPENSATION INSURANCE PREMIUMS

Workmen's compensation insurance is furnished and paid for by the employer. No employer may deduct any part of an employee's wages for this coverage, except where there is a contract to provide hospital and medical coverage between the employer and his employees.

If an employer is deducting any amount from an employee's wages for compensation insurance, the employee should notify the Division of Workmen's Compensation immediately.